

# Family Day Care Inspection Compliance Plan

Provider's Name: **Lonna Kippes**

City: **Marion**

Provider Number: **014508933**

Inspector: **Denise Ferguson**

Date of Inspection: **10/05/2018**

Time of Inspection: **8:18 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## B. Record Keeping/Fire Safety & Emergency Weather Drills

30. Does each child's record contain all required information? 67:42:16:13

<p>Corrections To Be Made:</p> <p><b>TK - Immunization Records</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>10/31/2018</b></td> <td style="text-align: center;"><b>10/22/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>10/31/2018</b>	<b>10/22/2018</b>
Suggested Completion Date:	Actual Completion Date:				
<b>10/31/2018</b>	<b>10/22/2018</b>				

37. Does the provider have a current CPR certification? 67:42:03:07.02

<p>Corrections To Be Made:</p> <p><b>CPR scheduled for 10/18/18</b></p> <p><b>*CPR Certification documentation received 10/22/18.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>10/31/2018</b></td> <td style="text-align: center;"><b>10/22/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>10/31/2018</b>	<b>10/22/2018</b>
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**Lonna Kippes**  
Provider Signature

**10/05/2018**  
Date

**Denise Ferguson**  
Inspector Signature

**10/05/2018**  
Date